



LOUISIANA HOSPITAL ASSOCIATION

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February 14, 2012

Mr. Bruce Greenstein
Secretary, Department of Health & Hospitals
PO Box 91030
Baton Rouge, LA 70821-9030

Dear Bruce:

As you know, we have continued to work with the Department on the development and improvement of the BAYOU HEALTH program. It is our hope to continue the dialogue now that implementation has commenced and the first GSA has gone live.

With any implementation of such magnitude, issues are expected to arise that create complications or inefficiencies. Over the last couple of weeks since implementation, our members have identified several issues that we are seeking the Department's assistance in resolving. Some of those issues are noted as follows:

- **LaCare** is not providing Out-of-Network benefits for services scheduled prior to implementation to its members resulting in canceled procedures.
- **CHS** is conference calling PCP offices with member on the phone to schedule appointments when the PCP has already been over assigned members due to incorrect system load.
- **UHC** is requesting completion of form for all OP Rehab patients and asking if "par" or "non-par".
- Bayou Health members are calling and showing up at walk-in clinics and informing clinic staff that their Bayou Health plan told them that if a provider isn't contracted with their plan to use their regular Medicaid card since they are already Medicaid providers.
- In-patient Bayou Health members – Are they to remain as regular Medicaid until discharge and then access Bayou Health coverage? Different plans are handling this differently.
- Bayou Health plans have over assigned membership to PCPs beyond contractual limit – actively working to correct but patients angry with clinic staff.
- Non-contracted Bayou Health (**LHC**) plan assigned members to non-contracted providers– How is this even possible when there is no contract?

- Pediatric patients are being linked to regular PCP when they should be linked to a pediatrician in order for EPSDT criteria to be obtained & reported.
- AMG & CHS plans do not have a pre-authorization form for inpatient care, nor did they have a concurrent form to report daily clinical information for their inpatients.
- Plans are not familiar with KidMed process.
- Plans are having difficulty with electronic eligibility verification, and some information being provided by plans is incorrect.
- 10 to 40 minute wait times when calling health plans in some instances.
- Identification cards issued by plans are incorrect, and plan information has changed for member. One plan has not even issued ID cards yet. (LaCare)
- Health plans have not provided edit information and only one plan (Louisiana Healthcare Connections) has tested with providers.
- Infant linking with mother's plan is creating notification issues in NICU setting in instances where infant may have been transferred to another facility after birth.
- Assignment of infants not happening timely, and issues with infant being officially recognized by plan.

The above list contains just some of the examples that hospitals have provided in the short time following implementation. There are many more that have not been included. In an effort to address these and other issues, we are requesting that a workgroup of hospital representatives, DHH representatives, and health plan representatives be assembled to address these issues. Due to the complexity and volume of these issues, the sooner that could be brought together, the more effective it would be. We stand ready to work with the Department on these issues and look forward to your response.

Sincerely,



John A. Matessino
President & CEO

CC: Jerry Phillips, Undersecretary, Department of Health & Hospitals
Senator David Heitmeier, Chairman, Senate Health & Welfare Committee
Representative Scott Simon, Chariman, House Health & Welfare Committee